

FREESTYLE TECHNIQUE

CLINIC

WITH

KARI WOODALL



Woodall Training

www.WOODALLTRAINING.com

CLINIC INFORMATION

DATE:

TIME:

SITE:

ATHLETE FEE:

(Payment by check to Woodall Training for clinic fee)

REGISTRATION INFORMATION

NAME:

EMAIL:

PHONE:

SIGNATURE:

DATE:

By participating in the Woodall Training Swim Clinic, each participant grants Woodall Training, LLC and its affiliates the right to interview, photograph and/or videotape each participant. Clinic participants agree to allow Woodall Training the use of interview and/or images in educational videos, advertising and/or promotional material without compensation.

SIGNED CLINIC WAIVER MUST BE INCLUDED WITH CHECK PRIOR TO CLINIC

MAIL TO: Woodall Training Clinic, 3539 John Muir Dr, Middleton, WI 53562